

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107585621 FILING DATE

APPLICANT(S)

CLAIMS

| ART. 34 Am'd. | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|---------------------|----------|------------|------------------------------------|------------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 2 | | 1 | | |
| 4 | | 2 | | 1 | | |
| 5 | | 2 | | 1 | | |
| 6 | (1) | | 1 | | | |
| 7 | (1) | | 1 | | | |
| 8 | (1) | | 1 | | | |
| 9 | (1) | | 1 | | | |
| 10 | (1) | | 1 | | | |
| 11 | 1 | | 1 | | | |
| 12 | | 1 | 1 | | | |
| 13 | | 1 | 1 | | | |
| 14 | 3 | | 1 | | | |
| 15 | (1) | | 1 | | | |
| 16 | (1) | | 1 | | | |
| 17 | (1) | | 1 | | | |
| 18 | (1) | | 1 | | | |
| 19 | (1) | — | — | | | |
| 20 | (1) | | 1 | | | |
| 21 | (1) | | 1 | | | |
| 22 | (1) | | 1 | | | |
| 23 | (1) | | 1 | | | |
| 24 | (1) | | 1 | | | |
| 25 | (1) | | 1 | | | |
| 26 | (1) | | 1 | | | |
| 27 | (1) | | 1 | | | |
| 28 | (1) | | 1 | | | |
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| 49 | | | 1 | | | |
| 50 | | | 1 | | | |
| TOTAL IND. | 2 | | 2 | | | |
| TOTAL DEP. | 31 | ← | 25 | ← | ← | |
| TOTAL CLAIMS | 33 | [REDACTED] | 27 | [REDACTED] | [REDACTED] | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | ↓ | |
| TOTAL DEP. | | | | | ↓ | |
| TOTAL CLAIMS | | | | | ↓ | |